

SEROTONIN RECEPTOR AGONISTS (TRIPTANS) PA SUMMARY

PREFERRED	Imitrex (tabs, injection, nasal spray), Amerge, Maxalt, Maxalt MLT, Axert, Relpax, and Zomig (tabs, ZMT tabs, and spray).
NON-PREFERRED	Frova and Migranal NS.

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Claims history reviewed for the use of 2 preferred agents within the last year.
- ❖ If no preferred agents in profile, physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to at least 2 of the preferred products.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please click [here](#).

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).